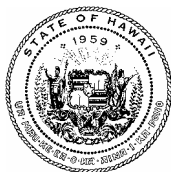


LINDA LINGLE  
GOVERNOR OF HAWAII



CHIYOME L. FUKINO, M.D.  
DIRECTOR OF HEALTH

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
ADULT MENTAL HEALTH DIVISION  
P.O. Box 3378  
HONOLULU, HAWAII 96801-3378

In reply, please refer to:  
**File:**

August 11, 2005

Dear Applicant:

RE: ADDENDUM 1 TO RFP HTH 420-3-06

The following changes have been made to RFP HTH 420-3-06:

1. The Proposal Mail-In and Delivery Information Sheet has been replaced with the attached Proposal Mail-In and Delivery Information Sheet.
2. Section 1 has been changed as follows:

The deadline date for submission of written questions on page 1-3 has been changed to August 18, 2005.

3. Section 2 has been changed as follows:

New paragraphs have been added in Section 2. I. E. on page 2-5.

An advance for start-up costs up to \$25,000 per site will be allowed for the purpose of the initial start-up of an Interim Housing program, subject to approval by the DIVISION.

1. Start up costs shall be limited to the initial rental deposit, first month's rent, utilities, licensing fees, and furnishings.
2. The advance shall offset any claims when the service is certified by the DIVISION and operational.
3. The applicant shall submit a projected plan in the facilities section of the proposal outlining a plan to secure the Interim Housing setting.

4. The criteria for determining the amount allocated to setting up an Interim Housing program shall be based on an acceptable preliminary housing inspection by the DIVISION followed by the applicant submitting a standardized signed lease agreement with a local landlord and itemized cost of furniture and licensing fees.
5. Applicants renting or leasing property from the State of Hawaii and its counties are not eligible for rental and deposit start-up costs but are eligible for an advance for furniture and licensing fees.

Requests for start-up costs are optional and not required as part of the proposal application package.

Thank you for your attention to these changes.

Sincerely,

AMY YAMAGUCHI  
Administrative Officer  
Adult Mental Health Division

Attachment

# PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

**NUMBER OF COPIES TO BE SUBMITTED:  
THE 12 COPIES MUST INCLUDE ONE (1) SIGNED ORIGINAL AND ONE (1) SINGLE  
SIDED, UNBOUND COPY.**

**ALL MAIL-INS MUST BE POSTMARKED BY UNITED STATES POSTAL SERVICE  
(USPS) NO LATER THAN  
September 15, 2005**

**All Mail-ins**

Department of Health  
Adult Mental Health Division  
P.O. Box 3378  
Honolulu, Hawaii 96801-3378

**Drop-off Site**

Department of Health  
Adult Mental Health Division  
1250 Punchbowl Street,  
Room 256  
Honolulu, Hawaii 96813

**RFP Contact Person**

Ray Gagner  
For further info. or inquiries  
Phone: (808) 586-4688  
  
Fax: (808) 586-4745

**ALL HAND DELIVERIES WILL BE ACCEPTED AT THE ABOVE SITE UNTIL 4:30 P.M.,  
Hawaii Standard Time (HST) September 15, 2005.**

**BE ADVISED:** All mail-ins postmarked by USPS after **September 15, 2005**, will be rejected.

Hand deliveries will **not** be accepted after **4:30 p.m., HST, September 15, 2005.**

Deliveries by private mail services such as FEDEX shall be considered hand deliveries and will not be accepted if received after **4:30 p.m., HST, September 15, 2005.**